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1995 PROFESSIONAL SEMINAR OVERVIEW

July 22-29, 1995, fifty professional members, guests, and staff members participated in the Thirteenth Annual Professional Seminar—an event pivotal to the future of the Professional Division and The Monroe Institute. At Saturday's opening ceremonies, TMI President Laurie Monroe Chasick dedicated the week's activities to the memory of her father, Robert A. Monroe. That evening she presented a *Creative Agreement* which all participants and staff had an opportunity to sign.

The week was characterized by an easy flow and camaraderie which bodes well for the future of The Monroe Institute and its associates.

The chosen theme of this year's seminar was "Co-Creating the Reality 1995." Thus challenged, the group proceeded to craft an inspiring and productive synthesis of theme and agreement. From the initial celebration of Robert Monroe's vision and our memories of him, we moved on to an array of presentations demonstrating the applications of that vision. Featured topics included Hemi-Sync as a catalyst for divergent (creative) thinking, the foundations and continuing evolution of the POSITIVE IMMUNITY PROGRAM, designing and marketing Hemi-Sync workshops, research defining "mind awake/body asleep" as a state of consciousness distinct from sleep, Hemi-Sync usefulness for developing stress hardiness, qigong techniques for health and longevity, Hemi-Sync as a tool for enhancing and refining remote viewing skills, peak and other experiences during the GATEWAY VOYAGE, a chance to sample a successful Hemi-Sync workshop, Hemi-Sync as a therapeutic resource for dissociative identity disorder, and an array of success stories gleaned from seven years of Hemi-Sync use in family therapy.

Open Forum sessions spotlighted Hemi-Sync as a resource in games of chance and entrepreneurial ventures and to enhance memory and recall. A group formed to complete development of a research guide for professionals, the basics of eye movement desensitization and reprocessing (EMDR) were presented, and we received an update on TMI's expanding claim in cyberspace. A shamanic journey was inserted into "free" time by popular acclamation, as was in-depth exploration of qigong methods. As in past years, a number of individuals used PREP sessions to travel down personal co-creative paths.

The sense of community was strengthened by Thursday's tape day intensive and expressed itself in an evening of exuberant song and dance with The Naturals. At 10:30 pm, the musical celebrants broke off an hour-long creative jam session to help load the last of the sound equipment into the van

The week was characterized by an easy flow and camaraderie which bodes well for the future of The Monroe Institute and its associates. On Friday morning, President Chasick, staff members, and the Board of Advisors met to outline plans and lay the groundwork that will make the creative ideas shared here a reality.

HEMI-SYNC AS A THERAPEUTIC ADJUNCT FOR TREATING DISSOCIATIVE IDENTITY DISORDER



by Susan B. Lindsey, MDiv

Susan B. Lindsey, MDiv, of Herndon, Virginia, is a pastoral counselor in practice since 1978. She has been a professional member of The Monroe Institute since February 1995. Susan has studied at Wesley Theological Seminary and PC & CC's Institute of Pastoral Psychotherapy. She has extensive experience in neuro-linguistic programming (NLP), hypnosis, and eye movement desensitization and reprocessing (EMDR) and specializes in working with dissociative disorders. In this paper based on her presentation at the 1995 Professional Seminar, Reverend Lindsey defines dissociative identity disorder (DID) and describes her therapeutic treatment style. She then discusses some outcomes of adding Hemi-Sync audioguidance tools to this repertoire and the potentials for—and drawbacks to—Hemi-Sync intervention with DID clients.

I work primarily with clients who have suffered severe, ongoing childhood abuse. Most of them are diagnosed with dissociative identity disorder (formerly multiple personality disorder). They are marvelous, intelligent, gifted, and creative people. They have also lived with unimaginable trauma. Part of their enormous creativity is the ability to dissociate in order to survive overwhelming circumstances.

The definition from the *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV*, source of the latest official criteria used to diagnose DID, is:

The presence of two or more distinct . . . personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self).

At least two of these . . . personality states recurrently take control of the person's behavior.

The inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.

... not due to the direct physiological effects of a substance... or a general medical condition.

The creation of this condition requires extreme and ongoing trauma in early childhood (usually before age eight). Over 85 percent of DID cases include ongoing sexual

abuse. Some DID clients have experienced systematic sadistic abuse (ritual abuse) including intentional creation of personalities through torture and manipulation or programming of those personalities so they believe and behave exactly as the perpetrators wish.



A Simple Multiple System

Therapy usually encompasses three stages: (1) life stabilization (providing a safe external environment, switching between personalities by choice, functional coping mechanisms, and addressing substance abuse, eating disorders, or any other disorder that would interfere with the therapeutic outcome); (2) recovering and metabolizing memories (including altering dysfunctional beliefs and ways of relating to the world) with either integration of personalities or coconsciousness and highly functional cooperation between them; and (3) post-memory recovery work (establishing nor-



The Real Picture of the Client

malized living through aids such as bodywork, nutrition, and recreation).

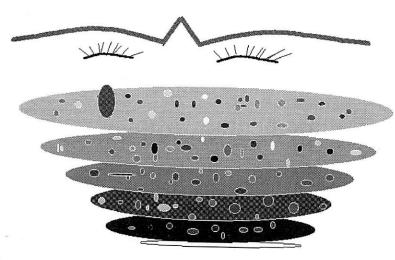
While these three stages of therapy are not totally separate, most of the work that I do with clients is in the middle stage of therapy—the recovery and metabolizing of traumatic memory. The process involves establishing a trusting therapeutic relationship with all the personalities and providing an environment in which they can recall and rework their traumatic pasts. This enhances their functioning and satisfaction in the present. Toward that end, I utilize an eclectic approach with standard therapeutic listening and intervention techniques, some neuro-linguistic program-

ming patterns, eye movement desensitization and reprocessing, flower essences, imagery, and hypnosis (used solely for improving coping mechanisms).

Severe trauma survivors show "permanent" brain changes due to the abuse. They often live in a state of constant physiological and emotional arousal. Some changes are biochemical, while others—those which specifically sparked my interest in Hemi-Sync technology—are a reduction in alpha and theta brain-wave activity. I hoped that an outside source which would passively generate more of these brain-wave states would be beneficial. I also hoped my clients could utilize some of the *HUMAN PLUS* functions as a coping resource.

Audio speakers on either side of the sofa where most clients sit deliver various *METAMUSIC ARTIST* selections in the background during private and group counseling sessions. Thus far, the most dramatic results have been observed with the *METAMUSIC ARTIST SERIES*.

Here are descriptions of two cases and the benefits both clients have received from Hemi-Sync. Client 1 is a polyfragmented ritual abuse survivor who has been in counseling with me for almost two and one-half years. She was diagnosed as MPD three years ago by another therapist and had received twelve years of counseling prior to correct diagnosis. During our time together, she had met many first-layer personalities (ritual abuse survivors usually have multiple layers of alternate personalities), remembered and worked through memories pertaining to the primary non-cult perpetrator, discovered that the ritual abuse existed, and was be-ginning to process some ritual abuse memories. I estimated that integration of the first-layer alternate personalities would take place slowly over at least another year and



Client 1 before Hemi-Sync

that knowledge of individual second-layer alter personalities was approximately six months in the future.

The first order of Hemi-Sync tapes arrived on March 8, 1995, and I began playing them immediately, taking time only to give appropriate explanations and secure releases. Client 1 was coming to individual sessions twice a week and to group counseling once a week. During the first session with Hemi-Sync, I met two personalities from the second layer. Within five weeks, Client 1's entire first layer was ready to integrate! Utilizing a variation of a portion of the NLP Core Transformation Process, Client 1—over three individual sessions—reparented a total of sixty upper-layer

personalities from conception to their internal perceived ages, and all sixty integrated. EMDR was used to solidify the integration, which has held completely. Other second-layer personalities are now introducing themselves. Client 1's independent assessment is that her therapy has been shortened by a year.

Client 2 is a ritual abuse survivor who has been with me for several years. I have talked with a few personalities over that time, but her system is so anxious (and programmed so thoroughly to hide) that even she has not had clarity about the different personalities. As with Client 1, METAMUSIC ARTIST selections have simply played in the background during her counseling sessions. Over the course of three months, Client 2 has made a number of significant changes more quickly than anticipated. Internal switching from personality to personality has slowed so that she is able to complete many more thoughts rather than interrupting herself in mid-sentence. She stays on a single topic much longer and allows feedback from others to sink in more readily. Complete memories are replacing scattered fragments, and she is getting clearer on a significant number of her personalities. She has asked for flower essences and an EMDR session—both of which she was too frightened to try previously—evidence of calmer mental processes. Client 2's therapeutic process has also undoubtedly been shortened, though I have no sense of how much.

Each DID client who has experienced the Hemi-Sync sound seems to respond uniquely. The tapes the preceding clients listened to were not specified, in part because I did not attribute the outcomes they experienced to the specific tapes. Client 1 originally heard Cloudscapes, and it became the tape which accessed the lower-level personalities. This access was so deep that it was necessary to play a different tape during the group she attended. Once she integrated, Cloudscapes ceased to have any particular potency; she said we would have to find another tape for the next layer. After the response to Cloudscapes was in place, her internal personalities utilized it until that phase of her work was completed. This woman has been very clear and specific in her choices for working with the second-layer identities-Hope and Resonant Tuning. Client 2 heard at least Cloudscapes, Inner Journey, and Midnight during her counseling sessions and has taken a copy of Cloudscapes for listening at home. I believe that the combination of Hemi-Sync patterns with particular musical elements is a crucial component in client preference and expect to continue seeing very individualistic responses with different clients and situations.

All fifty HUMAN PLUS tapes have been acquired and made available, but this series has not been as helpful as I had hoped. Drawbacks are inherent in the tape structure. The Security Repository Box triggers overwhelming memories for many ritual abuse survivors; likewise, guidance in a man's voice. Resonant Tuning is a major trigger because it has so much in common with chanting during rituals (although this exercise did serve as an entrée to significant memories in two cases). Finally, some ritual abuse clients are totally averse to anything that even hints of programming or mind control from any source. Following recovery and metabolizing of memories, a number of clients have made use of H-PLUS.

For those who respond favorably to this sound technology, I expect to continue to see surprising and delightful outcomes.



DEVELOPING STRESS HARDINESS BY INDUCED STRESS INOCULATION



by Arthur D. Haggerty, PhD, FAIS

Arthur D. Haggerty is a health psychologist with a private practice in stress and chronic pain management and an adjunct faculty member of The Center for Health Studies at Palm Beach Community College. He has a special interest in stress as a factor in Alzheimer's disease and has developed preliminary protocols for Hemi-Sync application in this area. Dr. Haggerty combines Hemi-Sync tapes with client-specific guided imagery in a variety of therapeutic situations. In this paper he discusses Hemi-Sync as a key element in a program designed to develop stress hardiness.

The term "stress" relates to pressures of life that place strain on people. Medicine sees the results of this strain as social, psychological, and physiological damage. In essence, this is an outgrowth of deviating to a significant degree from an ideal, dynamic state of equilibrium known as homeostasis (Greek for "staying the same"). Significant, prolonged deviations can weaken our ability to resist pathology. Almost everyone is aware that stress is an inevitable part of the living process. Unfortunately, Western culture has considered it a disruptive force which can only be reacted to after it occurs. This resembles Western medical belief that disease can only be treated after the fact. The concept that enhanced human knowledge can limit vulnerability to disease is gaining greater acceptance. There has been no comparable view of human learning to cope effectively with the inevitable stresses of life. Stress management subsequent to the manifestation of extensive pathology was the norm. In recent years the concept of developing hardiness relative to stress

While stress cannot be avoided, skills can be learned to cope as effectively as possible with disruptive forces. The modern mental health field has established techniques for this purpose. Two parallel approaches have been created: systematic desensitization for present life stress and stress inoculation to prepare for anticipated stress which is certain to occur. These terms deliberately resemble medical concepts of vaccination or inoculation to develop resistance prior to exposure to a pathogen. The goal of programs teaching stress hardiness is not the impossible avoidance of stress, but rather to respond to it in the most positive manner and minimize its negative effects. People come to view

this as skills acquisition which empowers them with optimal self-control in the areas of cognition (thinking), feeling, and behaving. Homeostatic disruption and psychophysiological complications become negligible.

Until a few years ago, only this self-help empowerment seemed important. Today, a self-help system that can be executed by patients at the time and location of choice has the

The goal of programs teaching stress hardiness is not the impossible avoidance of stress, but rather to respond to it in the most positive manner and minimize its negative effects.

crucial added benefit of saving time and decreasing the involvement of mental health professionals. Patients can improve significantly with less expense in managed mental health care insurance benefits, which are currently being severely reduced. The stress hardiness programs considered here use natural phenomena of behavior: making one's thinking as realistically positive as possible, learning to really relax (the body loves relaxation and returns easily to homeostasis), and employing guided visual imagery suggestions to mentally practice coping in actual life situations.

Modern cognitive theory and psychotherapy state that our conscious thoughts about stressors—such as negative events, situations, or persons—determine the intensity of our emotional and behavioral reaction. People very seldom have the wrong emotional reaction, but they may overreact. Instead of viewing something as a problem, they may see it as a disaster, a catastrophe. Learning not to react with "catastrophizing" or "awfulizing" is a prerequisite to becoming more resistant to stress. The closer one is to the basic state of homeostasis, the looser and more relaxed one becomes. This imparts positive mental and physical attributes conducive to learning and practicing stress coping behavior. Since the beginning of human existence, relaxation—simply listening to sounds of ocean surf, wind blowing through foliage, babbling brooks, or waterfalls (and later, more formalized meditative relaxation)—has been a natural pathway back toward homeostasis and personal harmony. Our ability to cope with present and future stress is facilitated. The brain functions more effectively in controlling the body's performance. In the last decade, it has been discovered that the ultimate relaxed state (alpha or theta brain-wave levels) enhances control of the brain/body. When this true relaxed state is achieved, the less dominant brain hemisphere (which in 90 percent of the world's population is the right hemisphere) is activated and equals the functioning of the left, computer-like, portion of the brain. This kind of functioning is promoted by The Monroe Institute's Hemi-Sync tapes which synchronize both hemispheres. The most important advantage of this synchronization from the viewpoint of stress hardiness relates to the right hemisphere's

increased ability to produce and accept imaginative imagery as genuine and meaningful.

We do most of our thinking in mental images or pictures produced by the mind's eye of the right hemisphere. Symbolically, the brain is like a VCR and will believe and react to whatever tape is inserted and played. The advantage is that humans can learn what mental pictures (guided visual imagery) are preferable and result in positive rather than negative reactions. This is comparable to choosing a sad or a happy movie depending on the emotions we wish to evoke.

Many humans, especially Americans, view stressors as insurmountable disasters and catastrophes. Thus, it falsely

A mental imagery scenario can be created to depict the most successful defense or coping mechanism. Repeatedly running this mental "tape" (facilitated by a binaural beat audiotape) convinces the brain that the person is coping rather than succumbing.

seems appropriate to visualize ourselves as helpless victims of overwhelming life processes. Stress inoculation for genuinely likely future stress, or systematic desensitization for current stress, reverses this scenario. We mentally see ourselves as strong enough to cope to a significant degree. A mental imagery scenario can be created to depict the most successful defense or coping mechanism. Repeatedly running this mental "tape" (facilitated by a binaural beat audiotape) convinces the brain that the person is coping rather than succumbing. When the actual stressor must be faced, the brain reacts confidently with, "I've been handling this problem successfully for some time. This is no different. I'll cope!" This preparatory training resembles military maneuvers, combat course exercises, or civilian fire drills.

Achieving the invaluable relaxed alpha or theta brainwave state is fundamental to the process. In the past, the various training techniques required extensive time and concentration and included cultural-religious connotations which were blocks to acceptance and implementation. Therefore, the ability to quickly and easily achieve the required relaxed state has been resolved by Monroe Institute research and audio products. The receptive ready-state for stress inoculation can be attained via an electronically facilitated sound process. I have been using this sequence of procedures for stress and chronic pain management for the past five years. It has proven so effective that it will be used exclusively for my remaining time in clinical practice.

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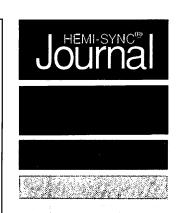
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